

RECEIVED
CENTRAL FAX CENTER

FEB 19 2004

OFFICIAL

Facsimile Transmission
LAW OFFICESDENNISON, SCHULTZ, DOUGHERTY &
MACDONALD

Suite 105

1727 KING STREET

ALEXANDRIA, VIRGINIA 22314

U.S.A.

FAX: (703)837-0980

TELEPHONE: (703)837-9600

DATE: 2-19-04

Ref:

TO: USPTO

FROM: DENNISON

TOTAL PAGES INCLUDING THIS PAGE: 30

MESSAGE:

PLEASE FIND (29) CHANGE OF
CORRESPONDANCE FORMS.

THNX

The information contained in this facsimile message is information protected by the attorney-client privilege and/or the attorney work product privilege. It is intended only for the use of the individual or firm named above and the privileges are not waived by virtue of this document having been transmitted by facsimile. If the actual recipient or any other reader is not the named recipient, any use, dissemination, distribution or copying of the communication is strictly prohibited. If you have received this facsimile in error, it would be greatly appreciated if you would notify us immediately by collect telephone and return the original to us at the above address via United States Postal Service.

RECEIVED
CENTRAL FAX CENTER

FEB 19 2004

CHANGE OF CORRESPONDENCE ADDRESS Application													
Commissioner of Patents PO Box 1450 Alexandria, VA 22314-1450 Fax (703)872-9306	<table border="1"><tr><td>Serial No:</td><td>10/712,122</td></tr><tr><td>Filing Date:</td><td>11/18/2003</td></tr><tr><td>First Named Inventor:</td><td>TOMINAGA</td></tr><tr><td>Group Art Unit:</td><td>1756</td></tr><tr><td>Examiner:</td><td></td></tr><tr><td>Attorney Docket No:</td><td>03194</td></tr></table>	Serial No:	10/712,122	Filing Date:	11/18/2003	First Named Inventor:	TOMINAGA	Group Art Unit:	1756	Examiner:		Attorney Docket No:	03194
Serial No:	10/712,122												
Filing Date:	11/18/2003												
First Named Inventor:	TOMINAGA												
Group Art Unit:	1756												
Examiner:													
Attorney Docket No:	03194												

Please change the Correspondence Address for the above identified patent application to:

☒ Customer Number: **23338**

OR:

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone			Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change (PTO/SB/124)".

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of Record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 28666.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or
Printed Name **Ira J. Schultz**Signature Date **FEB 19 2004**

Telephone (703)837-9600, ext. 23

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.

☐ *Total of forms are submitted.

Fax to: (703)872 9306